|  |  |
| --- | --- |
| **Service Coordinator:** |  |
| **PSP:****E and A Team:** |  |
| **Purpose of this record review:** |  |
| **Child’s First Name:** |  |
| **Date of Birth:**  |  |

***Responsibility #1- Act as single point of contact for carrying the activities of service coordination by assisting parents in obtaining EI services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments.***

* **Section II of IFSP- (correct SC listed): Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_**
* **Section VI of IFSP (steps/activities for the SC, if applicable):**
* ***IFSP invitation (HEA #8039):* Initial\_\_\_\_\_\_\_\_ Annual\_\_\_\_\_\_\_ Date sent/given to parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	+ **Providers invited (which ones):**
	+ **E & A team member(s):**
	+ **Others:**

**Strengths/Concerns/TA Opportunities:**

***Responsibility #2-Explain activities to the parent before consent is sought***

* **Case notes reflect/document that the SC explained activities: Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_**
* **Case notes reflect/document parent understood activities: Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_**
* **Case notes reflect/document informed consent obtained after explanation of activity: Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_**
* **Consent form: signed (date-prior to activities) Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**
* **Parent signature on section X of IFSP: Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Strengths/Concerns/TA Opportunities:**

***Responsibility #3-Provide the parent with a written copy of early intervention parents’ rights in their native language, unless it’s clearly not feasible***

* **Case notes reflect/document parent understands their rights/procedural safeguards: Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_**
* **Case notes indicate parents’ rights brochure given to family: Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) \_\_\_\_\_\_\_\_\_\_\_\_**
* **Case notes /record indicate PWN given to parents when applicable? Yes \_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ N/A**

**Strengths/Concerns/TA Opportunities:**

***Responsibility # 5-Coordinate evaluations and assessments***

* **Case notes-do they reflect that the parent understands what the activities will look like and arranged needed people (when applicable) (i.e.: arranged for interpreter, used the website to translate info, gave parent info about E and A and what it will look like for their child):**
* **Consent-Dated and signed:**
* **ROI: Date signed:**
* **Attachment A: Licensures of evaluators:**

**Strengths/Concerns/TA Opportunities:**

***Responsibility # 8-Coordinate the information gathering and completion of the child outcomes summary information within 45 days of referral and annually thereafter***

* **Section X of IFSP (who gave input/attended IFSP meeting-this could be different people since written/phone input is acceptable):**
* **Signatures/dates on section X:**
* **Connection of information in section V to outcomes on section VI: Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_**
* **Has SC completed COS and parent rights assessments: Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_ If no, why not?**
* **Does it include parent input:**
* **IFSP section V (does it include descriptor statements):**
* **Do descriptor statements match information from the IFSP sections III, IV, V, and VI.**

**Strengths/Concerns/TA Opportunities**

**Overall Non-compliance/related requirements issues: (if applicable)**

**Other notes/information/TA given (if needed immediately)/ET trends:**